

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009782	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5						55			
6						56			
7						57			
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44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL D.	2		1			TOTAL IND.			
TOTAL D.	2	↓	12	↓	↓	TOTAL DEP.			
TOTAL AMOUNTS	4		13			TOTAL CLAIMS			

BEST AVAILABLE COPY